FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



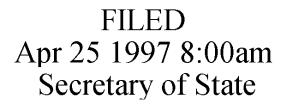
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000089430 (9)

BDC HEATHROW, INC.





District Dis							
Principal Place of Business Mailing Address						18181 INIIA INIII AISAA I	***************************************
NORTH ORANGE AVENUE 340 NORTH ORAN ORIANDO FL 32801 ORLANDO FL 3280			NUE				
					3. Date Incorporated or Qualified	3a. Date of Last	Report
					11/22/1995	05/01/1996	
	face of Business	2a. Mailing Address			4. FEI Number		Applied For
21 401 L	N. Colenia DR	26 401 W. COLCHIM DR			59-3350336	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional		
22 Su7	(2)	27 Suite 7			Fee Required		
	tudo, FZ	City & State 28 CRLANDO; K			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	32804	Coun		8. This corporation has liability for in		s. 199.032,
24 328	25 U.S.	[20]	30	U.S.		Yes No	
5. Name and Address of Content Registered Agent							
CUROTTO, DONALD				WILLIAM H. MACHUMAR			
340 NORTH ORANGE AVENUE ORLANDO FL 32801				Street Add	ress (P.O. Box Number is Not Acceptable County DK, STE7	9)	1
UKU	ANDO PL 32801		1	3	vo. coopy		
			L	<u> </u>			
				City are	LANDO	FL 85 Zi	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register							
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE WILLIAM H. Micharte Willer Group sterod agent and title if applicative (NOTE Registered Agent signature required when reinstating) DATE DATE							
12.	OFFICERS AND	DIRECTORS ,	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	DRS IN 12
TITLE	D.	DELETE	1.1 TITL	ŧ		Change	: ☐ Addition 3
NAME	CUROTTO, DONALD		12 NAM	IE)			13
STREET ADDRESS	340 NORTH ORANGE AVENUE		1.3 STR	ET ADDRESS			{
CITY-ST-ZIP	ORLANDO FL 32801			-ST-ZIP		····	
TITLE	PS	☐ DELETE	2.1 TITL	1		L Change	Addition C
NAME	***************************************		2.2 NAM	i			
STREET ADDRESS	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ET ADDRESS			
CITY-ST-ZIP TITLE			2 4 CH	/-\$1-ZIP		☐ Change	e Addition
	Olivi		3.2 NAM				, L.J Adollon
NAME STREET ADORESS	FANT, JAMES H 401 W. COLONIAL DR, SUITE 7			ET ADDRESS			ļ
CITY-ST-ZIP	ORLANDO FL			Y-S1-ZIP			!
TITLE	AST DELETE		4.1 TITL			☐ Change	Addition
NAME	CONANT, ELIZABETH	-	4 2 NAM				
STREET ADDRESS	401 W. COLONIAL DR. SUITE 7			ET ADDRESS			İ
CITY-ST-ZIP	ORLANDO FL		1	-ST-ZIP			ì
TITLE		☐ DELETE	5.1 TILL			☐ Change	Addition
NAME		-	5.2 NAM	E			
STREET ADDRESS			5.3 STR	EFT ADDRESS			Ì
CITY-ST-ZIP			5.4 CITY	- \$1 - ZIP			
TITLE		DELETE	61 TITL			☐ Change	Addition
NAME			6.2 NAM	E			ļ
STREET ADDRESS	÷ .		6.3 STR	£1 ADDRESS			
CITY-ST-ZIP				- ST - ZIP			
14. I do beret	hy certify that the information supplied y	with this filing does not qualif	v for the e	xemption state	d in Section 119.07(3)(i). Florida Statutes	I further certify the	at the

Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

EIGHALLERIA-MOULLED

4/21/92

(40)425-5276